



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
STATE PUBLIC HEALTH LABORATORY  
BREATH ALCOHOL PROGRAM  
DATAMASTER MAINTENANCE REPORT

**RECEIVED**

By Carol Day at 2:06 pm, Dec 05, 2015

PORT #6

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 30 days).  
Complete this report whenever the instrument is serviced or repaired and whenever it is placed into service.  
Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.

DATAMASTER SN 940164	NAME OF AGENCY Strafford Police Department	DATE OF INSPECTION 12/03/2015
LOCATION OF INSTRUMENT (STREET AND CITY) 113 E. Pine Street Strafford		TIME OF INSPECTION 5:12 pm

**CHECKLIST:** Place a mark in the box by each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument.

<input checked="" type="checkbox"/> DIAGNOSTIC CHECK (PRINTOUT ATTACHED)	DATE AND TIME (from printout) 12/03/15
<input checked="" type="checkbox"/> COMPUTER	<input checked="" type="checkbox"/> DETECTOR
<input checked="" type="checkbox"/> PROGRAM	<input checked="" type="checkbox"/> FILTERS
<input checked="" type="checkbox"/> HEATERS SAMPLE CHAMBER 49°C	<input checked="" type="checkbox"/> QUARTZ STANDARD
<input checked="" type="checkbox"/> FLOW DETECTOR	<input checked="" type="checkbox"/> CALIBRATION
<input checked="" type="checkbox"/> PUMP HIGH SPEED	<input checked="" type="checkbox"/> PRINTER
<input checked="" type="checkbox"/> INDICATOR LIGHTS	
<input checked="" type="checkbox"/> SIMULATOR SOLUTION SUPPLIER Guth Laboratories LOT # 15120 EXP. DATE 04/29/2017	
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) 34.0 °C SIMULATOR SN DR5379 EXP. DATE 02/02/2016	
<input checked="" type="checkbox"/> CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)	
Run three tests using a standard solution. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)	
<input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE	
<input type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE	
<input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE	

TEST 1 .100	TEST 2 .100	TEST 3 .100
-------------	-------------	-------------

☒ PERFORM R.F.I. TEST (PRINTOUT ATTACHED)

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:  
(DO NOT INCLUDE SELF-ADMINISTERED TESTS)

REFUSALS 0	(0-.04) 0	(.05-.09) 0	(.10-.14) 1	(.15-.19) 0	OVER .19 0
------------	-----------	-------------	-------------	-------------	------------

LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN ESTABLISHED LIMITS  
(USE OTHER SIDE IF NECESSARY).

**INSPECTING OFFICER**

SIGNATURE 	PRINT FULL NAME John A. Everett
TYPE II PERMIT NUMBER/EXPIRATION DATE 250061/3/4/17	TELEPHONE NUMBER (417) 736-4000

RETURN COMPLETED REPORT TO THE: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office  
2875 James Blvd.  
Poplar Bluff, MO 63901



## GUTH LABORATORIES, INC.

590 NORTH 87th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5470

### CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 15120 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on May 4, 2015, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1209% (w/vol) ethyl alcohol. The expiration date for this lot number is April 29, 2017 at 11:59 PM.

When used in a calibrated Simulator, operating at 34°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of 0.100 g/210L +/- 3%.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President  
GUTH LABORATORIES, INC.

**NIST Traceability:**

Testing was conducted using Cerilliant Reference Standard lot number FN08051301 whose values are traceable to NIST.

All balances are calibrated annually by an outside agency using NIST traceable weights. Calibration verification is done prior to each use utilizing NIST traceable weights.

Face This Side Down - This Edge In First

# BAC DataMaster Evidence Ticket

STATE OF MISSOURI  
SHERIFF'S OFFICE

LABORATORY SECTION NUMBER 74014  
15000-15  
15000-15  
15000-15

LABORATORY CASE

DATE 04-17-2004 0000

RECEIVED 04-17-2004 0000

LABORATORY  
SECTION 15000-15  
15000-15

LABORATORY  
SECTION 15000-15  
15000-15

LABORATORY  
SECTION 15000-15  
15000-15

LABORATORY  
SECTION 15000-15  
15000-15

LABORATORY  
SECTION 15000-15  
15000-15


LABORATORY  
SECTION 15000-15  
15000-15

LABORATORY  
SECTION 15000-15  
15000-15

LABORATORY

LABORATORY  
SECTION 15000-15  
15000-15  
LABORATORY  
SECTION 15000-15  
15000-15  
LABORATORY  
SECTION 15000-15  
15000-15

Operator Signature



Face This Side Down - This Edge In First

# BAC DataMaster Evidence Ticket

Operator Signature

A handwritten signature in black ink, appearing to read "J. R. Smith", is written over a horizontal line.

Face This Side Down - This Edge In First

# BAC DataMaster Evidence Ticket

STATE OF MISSISSIPPI  
DEPARTMENT OF TRANSPORTATION

TEST REPORT: DATA MASTER SYSTEM  
12-02-19

TESTING OFFICER:  
OFFICE: 12-02-19  
TEST NUMBER: 12-02-19  
EXPIRATION DATE: 12-02-19  
TEST REPORT: 12-02-19  
TEST REPORT: 12-02-19

## TEST RESULTS

TEST	RESULT	STATUS
INTERNAL STANDARD	1.00	PASS
EXTERNAL STANDARD	1.00	PASS
INTERNAL STANDARD	1.00	PASS
EXTERNAL STANDARD	1.00	PASS
INTERNAL STANDARD	1.00	PASS
EXTERNAL STANDARD	1.00	PASS
INTERNAL STANDARD	1.00	PASS
EXTERNAL STANDARD	1.00	PASS

TEST  
TEST  
TEST

Operator Signature





STATE OF MISSOURI  
DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BREATH ALCOHOL PROGRAM

2

**PERMIT  
TYPE II**

**JOHN A EVERETT**

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

**DATAMASTER**

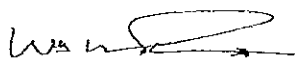
for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

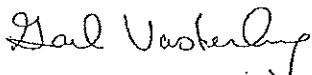
DATE 3/4/2015

NUMBER 250061



EXPIRES 3/4/2017

MO 690-0771 (6-10)

  
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

  
acting director  
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)

	STATE OF MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BREATH ALCOHOL PROGRAM
	<b>INSTRUMENT OPERATOR CARD</b>
<small>The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.</small>	
	
Operator EVERETT, JOHN Permit No 250061 Date Issued 3/4/2015 Date Expires 3/4/2017	



## Simulator Calibration Report

This calibration report is to certify the alcohol reference simulator listed below has been examined and tested using standards traceable to the National Institute of Standards and Technology (NIST) in accordance with the standards set by the Missouri Department of Health and Senior Services Rules and Regulations:  
19 CSR 25-30.051 (4).

Checked: 02/02/2015 Expires: 02/02/2016  
MSC Tech: DDD  
Temp: 33.98 C Digital Therm. SN 3584  
Agency: Strafford Police Dept  
DR5379



Technician Printed Name: DONALD D. DeBOARD

Technician Signature: Donald D. DeBoard

Date: 02/02/2015

Contact: Missouri Safety Center

Breath-Alcohol Instrument Training Program

660-543-4834